FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1		(See instruction	_				Off	ice use only		
NAME OF COMMITTEE (in		(Check if name is changed)	Example: over the li	If typying, type nes	1:	2FE4N				
Indiana Repub	liçan State Çomn	nittee, Inc.	1111	1111				111		
	11111	<u> </u>	1111	1 1 1 1	1 1 1	1 1				لــــــــــــــــــــــــــــــــــــــ
ADDRESS (number and	street) 47 S.	Meridian St. Sui	te 200							
(Check if address is changed)		NAPOLIS		1111		IN J	Ц	46204	 ]-L	
001111111111111111111111111111111111111	4 ADDD500		CITY		ST	ATE.		ZIP (	ODE 🔺	
committee's e-mai										1
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				1 11 1			Ш			
COMMITTEE'S WEB		RL)								
www.indgop.o	org 				ш		ш		ш	
سيبيا						11	ш	111		
COMMITTEE'S FAX N 3176328510	IUMBER	J								
2. DATE 0.2	D D Y Y 24	2006								
3. FEC IDENTIFICA	TION NUMBER	C	C00006	486						
4. IS THIS STATEM	IENT NEW	(N) OR	X	AMENDED (A	<b>.</b> )					
I certify that I have exami	ned this Statement and	to the best of my know	ledge and bel	ef it is true, corre	ect and cor	mplete				
Type or Print Name of	Treasurer <b>J</b>	ames Bopp, Jr.								
, , , , , , , , , , , , , , , , , , ,										
Signature of Treasurer	Electronically Filed	by <b>James Bop</b>	p, Jr.		Date	· ·	<b>0 2</b> /	<sup>D</sup> 2 <sup>D</sup> 7	YYY	2006
NOTE: Submission of fal		plete information may						of 2 U.S.C.	S437g.	
Office Use Only			Fede Toll	further informa eral Election Cor Free 800-424-95	nmission 530	ict:		FEC F	ORM 02/2003)	

	FECForm 1 (Revised 02/2003)	Page 2
5.	TYPE OF COMMITTEE (Check One)	
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the car information below.)	ndidate
	Name of Candidate	
	Party Affiliation Sought: House Senate President	State District
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
		nocratic, ublican,etc.) Party.
5.	Name of Any Connected Organization or Affiliated Committee  Indiana Ninth District Victory Committee	
	Mailing Address  Suite 115	
		<u>                                     </u>
	CITY▲ STATE ▲ ZI	IP CODE A
	Relationship Joint Cmt Rep	
	Type of Connected Organization:	
	Corporation Corporation w/o Capital Stock Labor Organization	ו
	X Membership Organization Trade Association Cooperative	

FE	EC Form 1 (Revised 02)	(2003)			Pa	age <b>3</b>
Write or Ty	pe Committee Name					
Indiar	na Republican Stat	e Committee, Inc.				
	lian of Records: Identification of Committee I	ntify by name, address, (phone num books and records.	ber optional), and pos	ition of th	e person in	
Full Nar	me Tracy S	mith				1 1 1
Mailing	Address	47 S. Meridian Street				
		Suite 200				
		Indianapolis			46204	-
Title or	Position ▼	CITY A	STAT	ΓEΑ	ZIP CO	DE A
	Asst. Treas	surer	Telephone number	317	964	5044
of Treas	surer James I Address	3opp, Jr. 1 South Sixth St.				
		Terre Haute	IN		47807 _	
Title or	Position ♥	CITY A	STAT	ГЕ▲	ZIP CO	DE 🛦
	Treasurer		Telephone number	812		2434
Full Nar Designa Agent		mith				
Mailing	Address	47 S. Meridian Street				
		Suite 200				
		Suite 200 Indianapolis			46204 _	·
Title or	Position <b>∀</b>		IN_		46204 ZIP COI	DE A
Title or	Position ♥ Asst. Treas	Indianapolis CITY A				DE <b>A</b>

	FEC Form 1 (Revised	02/2003)	Page 4
9.	Banks or Other Depositorie safety deposit boxes or mainta	·	its, rents
	Name of Bank, Depository, et	c.	
	<b>Bank</b>	One, Indianapolis	
	Mailing Address	111 Monument Circle	
		Indianapolis IN 462	77   _   _
		CITY △ STATE △ ZIF	CODE A

Membership Organization

FEC Form 1 (Revised 1)	/2001)		Page <b>5</b> / <b>6</b>
Banks or Other Depositories safety deposit boxes or maintai Name of Bank, Depository, etc.	ns funds.	e deposits funds, h	olds accounts, rents
BB&T	1909 K St., NW Washington	DC	20006 _
	CITY 🛆	STATE △	ZIP CODE 🛆
Name of Any Connected Or	ganization or Affiliated Committee		[ ADDITIONAL ]
Mailing Address			
	CITY	STATE A	ZIP CODE
Relationship			
Type of Connected Organization	on:		
Corporation	Corporation w/o Capital Stock	Labor (	Organization

Trade Association

Cooperative

Designated Agent		[ ADDITIONAL ]
Full Name  Mailing Address		
Title or Position ♥	CITY A	
		elephone number = =